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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

001367076

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	10					
4	01					
5	10					
6	01					
7	10					
8	01					
9	10					
10	01					
11	10					
12	01					
13	10					
14	01					
15	10					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	2019					
TOTAL CLAIMS	21					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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